

**ASBESTOS ACCREDITATION AFFIDAVIT (AAC-1)****Louisiana Department of Environmental Quality****Air Permits Division, Manufacturing Section****P.O. Box 4313, Baton Rouge, LA 70821-4313****Physical: 602 N. 5<sup>th</sup> St, BR, LA 70802****Phone (225) 219-0932 Fax (225) 219-3156****For LDEQ Use Only**

|        |        |
|--------|--------|
| Ck No. | AI No. |
| Date   | Amt    |

*(This form must be received by mail or hand delivered— no faxes for accreditations will be processed)***I. Applicant Information (Print Legibly or Type)      EMERGENCY \_\_\_\_ YES \_\_\_\_ NO      Fees are noted in Section III.**

|  |                               |   |                              |
|--|-------------------------------|---|------------------------------|
| Name:  |                               | Accreditation Renewal:    Yes ____    No ____   |                              |
| Phone No.  |                               | Worker no.<br>W _____   | Supervisor no.<br>S _____    |
| Fax No. (Required for Emergency/Self Employment) |                               | DEQ Use Only<br>Date: _____   | DEQ Use Only<br>Date: _____  |
| Home Address:                                    | Apt No.                       | Inspector no.<br>I _____  | Mngmt Planner no.<br>P _____ |
| City:  |                               | DEQ Use Only<br>Date: _____   | DEQ Use Only<br>Date: _____  |
| State:   | Zip:                          | For DEQ Use Only:<br>Date: _____  |                              |
| Date of Birth:                                   | Driver's License/State ID No. | State in which Driver's License or State ID was Issued:<br><input type="checkbox"/> Louisiana    Other: _____ |                              |

|          |                                    |      |
|----------|------------------------------------|------|
| Company: | Phone No.                          |      |
| Address: | Fax No. (Required for Emergencies) |      |
| City:    | State:                             | Zip: |

**II. Check Accreditations Desired:      Complete one application only for one or more disciplines.**

Worker \_\_\_\_ Contractor/Supervisor \_\_\_\_ Inspector \_\_\_\_ Management Planner \_\_\_\_ Project Designer \_\_\_\_

**III. FEES: (Effective July 1, 2003)**  
**Workers:      Normal Processing: \$ 66    Emergency: \$ 99**  
**All Others (Per Discipline): Normal Processing: \$264    Emergency: \$396****FEES ARE NON TRANSFERABLE AND NON REFUNDABLE – No Cash Accepted - Check or Money Order Only****IV. Qualifications for Accreditations:**

1. Attach **copy** of initial and all refreshers for first time applicants. **Originals will not be returned.** Others attach applicable refreshers.
2. If training not received from a Louisiana recognized training provider, provide proof of training in LAC 33:III. Chapters 27 & 51.
3. Attach full face picture for each accreditation desired - **Cut EXACTLY 1" X 1 1/4" & Labeled.**
4. Inspectors first time only submit copy of high school diploma or highest level of education received, the minimum being a GED.
5. Management Planners provide proof of registration as architect, engineer, CIH, or related scientific field.
6. Project Designers provide proof of registration as architect, engineer, or CIH.

**V. Regulation Knowledge and Enforceability:**

I have an updated copy of the Louisiana Administrative Codes, Title 33, Part III. Chapters 27 and 51, including the revisions, which pertain to Asbestos regulations. I have read and understand the Louisiana regulations. I am aware that in accordance with La. R.S. 30:2025.F.2, any person who knowingly and intentionally makes any false statement, representation or certification in any document filed or required to be maintained, shall upon conviction be punished by a fine of not more than twenty-five thousand dollars (\$25,000) or imprisonment for not more than 1 year, or both. In addition, I understand that, under Privacy Act 5 USC 552(a), my personal information is being given voluntarily and may be used by the Air Permits Manufacturing Section to verify my identity. By signing this form, I acknowledge that the information I have provided on or with this form is to be kept in the public records maintained by LDEQ. I also acknowledge that the information will be available for public inspection and copying, and I waive any claim to privacy in this information.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**VI. Validity of Accreditation:**

Note: Continuous accreditation will be maintained with the same annual expiration/renewal date provided you submit the required documents and receive refresher training within 60 days prior to your expiration/renewal date.

Revised 10/3/06